

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **09/622058**
 APPLICANT(S)

8/17/4 CLAIMS

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				1
3		2		2		2
4		2		2		2
5		1		1		1
6		1		1		1
7	1		1		1	
8	1		1		1	
9	1		1		1	
10		1		1		1
11		1		1		1
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13		1		1		1
14		1		1		1
15		1		1		1
16	1		1		1	
17		1		1		1
18		2		2		2
19		2		2		2
20		2		2		2
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TOTAL IND.		5		5		5
TOTAL DEP.		13		21		21
TOTAL CLAIMS		18		26		26

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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